

NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO <input type="checkbox"/> Barstow District; 235 East Mountain View, Barstow, CA 92311 <input type="checkbox"/> Big Bear District; 477 Summit Boulevard, Big Bear Lake, CA 92315 <input type="checkbox"/> Joshua Tree District; 6527 White Feather Road, Joshua Tree, CA 92252 <input type="checkbox"/> Needles District; 1111 Bailey Street, Needles, CA 92363 <input type="checkbox"/> Rancho Cucamonga District; 8303 Haven Avenue, Rancho Cucamonga, CA 91730 <input type="checkbox"/> San Bernardino District; 351 North Arrowhead Avenue, San Bernardino, CA 92415-0210 <input type="checkbox"/> Victorville District; 14455 Civic Drive, Victorville, CA 92392	
PETITIONER/PLAINTIFF(S):	CASE NUMBER
RESPONDENT/DEFENDANT(S):	
AT ISSUE-MEMORANDUM <input type="checkbox"/> FIRST <input type="checkbox"/> COUNTER <input type="checkbox"/> AMENDED	

I hereby represent to the court that this case is ready for trial, and request that it be set for trial.

1. TYPE OF ISSUES(S): (Check all that apply)

- ☐ Dissolution ☐ Nullity ☐ Legal Separation ☐ Paternity ☐ Visitation ☐ Injunctive Order
☐ Child Custody ☐ Child Support ☐ Spousal Support ☐ Division of Property ☐ Attorney Fees and Costs
☐ Other (specify): _____

2. Time estimate for trial: _____ hours _____ days.

3. Case entitled to preference: ☐ Yes ☐ No Under code section: _____

4. If child custody or visitation is an issue in this proceeding, Family Code Section 3170 requires mediation before or concurrently with the hearing.

☐ Parties have been ordered to attend child custody mediation services as follows:

Date: _____ Time: _____ Address: _____

5. All attorneys of record or parties representing themselves are listed below: (indicate whether attorney for Petitioner/Plaintiff(s) or Respondent/Defendant(s))

ATTORNEY FOR / OR PETITIONER/PLAINTIFF(S)	{	TRIAL ATTORNEY	 STATE BAR NUMBER
		NAME OF FIRM	TELEPHONE
		ADDRESS/CITY/STATE/ZIP	
ATTORNEY FOR / OR RESPONDENT/DEFENDANT(S)	{	TRIAL ATTORNEY	 STATE BAR NUMBER
		NAME OF FIRM	TELEPHONE
		ADDRESS/CITY/STATE/ZIP	

(NAME) PETITIONER/PLAINTIFF(S)	CASE NUMBER
(NAME) RESPONDENT/DEFENDANT(S)	

PROOF OF SERVICE OF AT ISSUE-MEMORANDUM

GENERAL INFORMATION

Any party not in agreement with the information or estimates given in the At Issue-Memorandum shall, within 10 days after the service thereof; serve and file a Counter At Issue-Memorandum on his/her own behalf.

The undersigned represents that all essential parties have been served with process or have appeared herein.

Dated: _____ 20 _____

(Signature)

Attorney for ☐ Petitioner/Plaintiff(s) ☐ Respondent/Defendant(s)

PROOF OF SERVICE BY MAIL

I am over the age of eighteen years and not a party to the within entitled action; my residence/employment address where the mailing referenced herein occurred is:

Address

City/State/Zip

I served the foregoing At Issue Memorandum on the other party in this case by enclosing a copy in an envelope addressed as shown below AND depositing the sealed envelope with the United States Postal Service on the date and at the place shown below with the postage fully prepaid OR placing the envelope for collection and mailing on the date and at the place shown below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United State Postal Service in a sealed envelope with postage fully prepaid.

Date mailed: _____ Place mailed (city, state) _____

Name of Person/Attorney Address Where it Was Mailed

--	--

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____

(TYPED OR PRINT NAME)

(SIGNATURE)